

State Injury Indicators



Unintentional Fall-Related Hospitalizations

Category:	Fall-Related Indicators
Demographic Group:	All residents.
Numerator:	Hospitalizations with any of the following ICD-9-CM E-codes identified from the injury hospital discharge subset: E880–E886, E888 (Accidental falls).
Denominator:	Midyear population for the calendar year under surveillance.
Measures of Frequency:	Annual number of persons hospitalized. Annual incidence—crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population).
Period for Case Definition:	Calendar year.
Background:	More than one third of adults 65 and older fall each year.*,** Of those who fall, 20% to 30% suffer moderate to severe injuries that make it hard to get around or live alone and increase the chance of early death.*** The total direct cost of nonfatal fall injuries for people 65 and older in 2000 was \$19 billion.****
Limitations of Indicator:	Injuries that result in a hospital admission represent only a portion of the overall burden of injury. Evaluations of these injuries should be considered in the context of both less- and more-severe injuries.
Data Resources:	State hospital discharge data (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator).
Limitations of Data Resources:	The accuracy of indicators based on codes found in hospital discharge data is limited by the completeness and quality of coding. The overall completeness of e-coding is of particular concern and should be reviewed in conjunction with the indicator.
Healthy People 2010 Objectives:	No objective.
CDC's Health Protection Goals:	Healthy People in Every Stage of Life: Crosscutting Healthy People in Healthy Places: Crosscutting

*Hornbrook MC, Stevens VJ, Wingfield DJ, Hollis JF, Greenlick MR, Ory MG. Preventing falls among community-dwelling older persons: results from a randomized trial. *The Gerontologist* 1994;34(1):16-23. **Hausdorff JM, Rios DA, Edelber HK. Gait variability and fall risk in community-living older adults: a 1-year prospective study. *Archives of Physical Medicine and Rehabilitation* 2001;82(8):1050-6. ***Alexander BH, Rivara FP, Wolf ME. The cost and frequency of hospitalization for fall-related injuries in older adults. *American Journal of Public Health* 1992;82(7):1020-3. ****Stevens JA, Corso PS, Finkelstein EA, Miller TR. The costs of fatal and nonfatal falls among older adults. *Injury Prevention* 2006;12:290-5.